

NOMINATION FOR YOUNG AMERICAN MEDAL FOR

This form should be used only for recognition of acts of service accomplished in the specified calendar year.					
NAME OF NOMINEE:	SEX:				
ADDRESS:					
TELEPHONE NUMBER (including area <i>code</i>):	DATE OF BIRTH:				
PLACE OF BIRTH:	U.S. CITIZENSHIP:				
IF NOT BORN IN THE UNITED STATES, THEN GIVE BASIS OF U.S. CITIZENSHIP:					
The Young American Medal for Service is awarded to those United States citizens have achieved outstanding or unusual recognition for character and service. Chara accomplished must have been worthy of public report, and must not have been und receiving any form of recognition. No more than two such medals may be awarded have been 18 years of age or younger at the time his or her service received public	acter demonstrated and service dertaken for the specific purpose of each year. The individual must				
For a candidate to be eligible to receive the Young American Medal for Service, the sent to the Young American Medals Committee, U.S. Department of Justice, Office Avenue, N W., Room 408, Washington, D C. 20531. Nominations must be signed to the service took place.	of Justice Programs, 633 Indiana				
To be considered, the nomination file must include:					
- A copy of this completed form,					
- A certified birth certificate or other evidence of the date and place of birth of					
 Two or more statements by witnesses or individuals having personal knowle candidate's noteworthy service, 	dge of the facts surrounding the				
- A biographical sketch of the candidate, and					
 A detailed account of any public recognition the candidate has received for I recognition of awards from any state, local, religious, or other organizations the event in which the candidate displayed exceptional service. 					
NAME OF PARENT OR GUARDIAN:					
ADDRESS:					
TELEPHONE NUMBER (including area code):	RELATIONSHIP:				
l certify that the nomination file has been completed in accordance with the above direction individual to receive the Young American Medal for Service.	ns and hereby nominate the above named				
GOVERNOR'S SIGNATURE	DATE:				

LIST THE NAMES, ADDRESS	ES, AND TELEPHONE NUMBERS OF INDIVIDUALS IN THE COMMUNITY WHO COULD BE CONTACT WHICH THE CANDIDATE IS BEING NOMINATED:	ED
REGARDING THE ACT TOR	WHICH THE CANDIDATE IS BEING NOWINATED.	
CITE ANY RECOGNITION THE RELIGIOUS, OR ACADEMIC O	CANDIDATE HAS RECEIVED FROM THE NEWS MEDIA, STATE AND LOCAL OFFICIALS, CIVIC, PROUPS, ETC. ATTACH CLIPPINGS, COPIES OF CITATIONS, OR OTHER EVIDENCE:	
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OJP FORM 1673/2 (REV. 10-95) (continued on next page)

PROVIDE A DETA	ILED ACCOUNT	OF THE ACT	OR ACTS	OF SERVICE	FOR WHICH	THE NOMIN	NATION IS BEING	G OFFERED:
DATE(S) OF SERV	ICE (including ye	ear):					TIME:	
LOCATION:						-		
		Please chec	k to be cert	ain that all req	uired informa	ion is enclose	ed.	
information. Send	ching existing data comments regarden, to the Young n, D.C. 20531; an	a sources, gat ding this burd American Me d to Public Us	hering and en estimate edals Comm se Reports I	maintaining th	e data neede	d, and completed complete controls and complete	eting and reviewi information, incli	me for reviewing ng the collection of uding suggestions for tice, 633 Indiana Avenu Affairs, Office of